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115 159 584 Well, my brother was chumming around with this young boy. He was about nineteen and he went to Fort Sill School. And my brother, he go down there and come home with him sometimes. Finally, that summer when school was out, he brought that young man home with him and he stayed with us all summer. My mother said, "You better get married to this boy. He's a nice boy. He always helping with everything, and he might work for us if you get married to him." I didn't have no sense enough to . . . I mean I don't think about love, or anything like that. So I said, "If he wants to marry me, I marry him." So my mother said, "Do you want to marry my daughter?" and he said, "Yeah, I'll marry her." And that's the way I got married. They just give their kids away like that. If you ask anybody, "Do you want to marry my daughter?" They say, "Yeah." That's your husband . . . just like that.

115 159 Sanapia had one son, and shortly after his birth she left her first husband at the urging of her mother. She married again within a year and remained married to her second husband until his death in the early 1930s. She had a son and a

115 159 daughter by her second husband. Following the death of her second husband, Sanapia's life took on a tone which is recalled most vividly by those who wish to discredit her. During this time her violent bursts of temper, excessive drinking,

154 763 543 sexual promiscuity, and zest for gambling won for her a notoriety which has never entirely left her. She talks of those years as "the time I was roughing it out."

Sanapia's second husband was apparently her favorite. He is also the only one of her spouses which she refers to as "husband." She was emotionally very ravaged by his death. It is interesting that the more tradition-oriented informants will mention Sanapia's misbehavior after his death but add no note of blame, simply emphasizing her grief. Kardiner (1945:77) makes the following statement, when discussing a Comanche woman's behavior after the death of her child. Perhaps the reaction to the death of a loved husband could correspond to the same pattern.

> After the death of a child a young woman who had previously been entirely respectable would become exceedingly active sexually and would have a whole series of affairs. This behavior, which sometimes lasted two or three years, was recognized as a sort of psychotic state and did not result in the same sort of difficulties that accompanied elopement or break-up of a marriage. The husband would feel sorry and would wait until she recovered and then resume the regular marriage relationship.

115 159 756 It was during the years when Sanapia was "roughing it out" that she first attempted to employ her doctoring skills. She was approached by a sister who wished Sanapia to doctor her sick child.

> She came to visit me one day when I was around here. She rolled a smoke with that Bull Durham and handed it to me, and I took it. I didn't even think what she was here for, but then I knew. She ask me to doctor her sick baby. I got so nervous I just start to shake all over and I told her to go away because I was feeling shame, I guess. Then I start to think what my mother told me, how I couldn't refuse nobody, so I went with her. I kept thinking that I couldn't do no good, but you know, I got that baby well. I thought that was some kind of sign, so I thought that I might try to make something out of this doctoring.

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775 753 [756] Sanapia reports that ghost sickness is sometimes called "stroke" by white men. She makes a distinction between the two and will not attempt to doctor someone with a stroke, feeling that this affliction is a white man's disease and therefore the province of white doctors. Sanapia states that persons suffering from ghost sickness exude an offensive odor which is not present in the case of stroke. The ghost-sickness victim also possesses an aura of evil, detectable by Sanapia because of her special powers, which she cannot detect in a patient suffering from a stroke. The visible symptoms of the two can be very similar though. Further, [754] certain effects of witchcraft can be almost identical to the symptomatic traits of ghost sickness; however, with witchcraft Sanapia reports that the victim's eyes do not water and he does not salivate excessively. Also, the contortions of the face and the contractions of the hands and arms usually appear in spasmodic cycles rather than as a relatively constant state of contorted paralysis as in ghost sickness.

775 753 754 756 Wallace and Hoebel (1952:174) make the following statement when discussing Comanche *puhakuts*: "Sorcery with ghost medicine is supposed to cause paralysis." As already mentioned, and as will be more fully discussed in Chapter 5, witching or sorcery by an eagle doctor, a doctor with ghost Medicine, not only causes paralysis but a type of paralysis almost identical to that which appears in ghost sickness. The conclusion seems to follow that a doctor with ghost Medicine, or power greater than ghosts, would have the ability to control the behavior of ghosts in any way that he wished, from dismissing them or their effects on living men to directing them to perform harmful acts to humans. Sanapia does not recognize the connection in the similarity in the symptom of ghost sickness and witch sickness, and she maintains that doctors with her particular powers are only able to cure the effects of the ghost's actions, but they are unable to affect the behavior of ghosts in any way, such as directing them to harm a specific individual.

Ghost Fear in the Basin and on the Plains

775 [178] In discussing the roots of Comanche culture, it was noted that a lively ghost fear was present among the Basin-Range peoples. When the Comanches moved onto the Plains, this ghost fear apparently disappeared, or, at least its prevalence greatly diminished (Kardiner 1945:84; Wallace and Hoebel 1952: 173). However, my field research has shown that at present the more traditional Comanches possess a prominent ghost-fear complex. What factors can be suggested to explain the deemphasis of ghost fear in the Comanche transition from the Basin to the Plains, and how can its reappearance in twentieth-century Comanche society be accounted for?

775 154 571 Kardiner (1945:94) suggested that ghost fear, and possibly the prevalence of witchcraft, decreased in importance in the transition from Basin to Plains because the Plains Comanches were able to release aggressions and hostility outside the primary group through the institutionalized war complex. My model Basin culture possessed no patterns of warfare through which intrasocially spawned tensions and aggression could be released in such a way that the societal

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fabric would not be torn in the process. Because of the excessive rigors of the environment, emphasis was necessarily placed on cooperation and supportiveness among group members. Perhaps Basin culture ghost-fear beliefs acted as a means by which aggressive antisocial tendencies, stimulated in this potentially tension-ridden society, could be projected, displaced, or transferred outside the group, much as the Plains cultures could direct intragroup motivated anxiety outside the group and toward their enemies through the war complex. The Basin people, lacking warfare patterns and not being able to afford excessive intragroup aggressions or asocial behavior, were able to project their fears, anxieties, tensions, and so forth toward ghosts. This specific type of displacement target is especially effective since it exists outside the realm of living men. Ghosts inhabit another world or plane of existence. Ghosts, besides being something to hate, fear, and aggress against, can also serve to explain misfortune, illness, and those occurrences in life which possess no natural explanations. However, that the ghosts functioned mainly in Basin culture as a means of displacing intrasocially motivated aggressive impulses is strongly suggested by the effectiveness of the Comanche war complex in decreasing ghost fear. Other factors which were doubtless of significance in leading to a decrease in ghost fear among the nomadic Comanches were the highly mobile nature of Comanche society, the more favorable environment of the Plains, the ability to increase geographic distance between group members and bands, and the subsequent ability of the Comanche individual to acquire a greater degree of independence from his primary group.

The Resurgence of the Ghost Complex

The life style of the nomadic culture, as opposed to the Basin prototype, tended to place heavy emphasis on individual assertiveness, independence, aggressiveness, and physical prowess. These gross aspects of traditional Comanche personality are relevant in understanding the severity of personal and social-cultural tensions which occurred when, in the reservation and postreservation period, the Comanche individual was to a great extent denied the prerogative of expressing himself in the traditional Comanche manner. Simply stated, the dynamic, mobile, and assertive Comanche personality was suddenly penned and confined because it came in conflict with the dominant white society's concept of proper and acceptable personal expression. Traditional Comanche modes of personal expression were not only deemed of negative value by the white society but they were subject to punishment as well. Therefore, certain Comanche personality traits, perfectly acceptable and functional in a culture where aggression, for example, could be released at a distance from the group and with the group approval, were suddenly loosed within the group because of its sudden forced confinement. Add to this the emotionally defined cleavage in Comanche society based on differential acceptance rates of acculturation stimuli between bands, and the presence of a high degree of psychological and sociocultural anxiety and tension in contemporary Comanche society is understandable. The notion of ghosts and their ability to interfere in human affairs has found new vitality among twentieth-century Comanches as they

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157 attempt to discover alternative methods of expressing and relieving the potentially
177 dysfunctional emotional states which now plague them.
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775 A further suggestion that the ghost complex among the contemporary Comanches function to relieve intrasocial tensions which have appeared as a result of the myriad influences of the acculturation situation is found in the most
177 recent ethnographic studies of the Comanche, which were obtained by the Santa
178 Fe group in 1933. In all the materials published as a result of this group's work,
775 the Comanches are not mentioned as possessing a great degree of ghost fear. This
571 feature is very obviously present today, however. Since the Comanche "capture" occurred in the late nineteenth century, it can be assumed that a relatively large proportion of the Comanche population living in 1933, at the time of the Santa Fe group's investigation, would be composed of individuals who had actually taken part in the nomandic Comanche culture. The influence of this select group on the Comanche society of the 1930s was no doubt great. Their presence probably served to prolong the existence of traditional values and world view in vital form well into the postreservation-period Comanche generation; this would include the relative absence of ghost fear. At present, however, the majority of Comanches are two to four generations removed from the time of the nomadic Comanche culture, and it is among these people that the ghost complex has found new life and meaning. If the material collected by the 1933 group is indeed correct, it would appear that Comanche's attitudes toward ghosts have developed to their present form only since the 1930s. Sanapia has volunteered the information that the incidences of ghost sickness among the Comanche have been increasing over the last thirty years.

Some of the specific social forces which have been active in Comanche society within this time span and which have no doubt contributed to the resurgence in ghost belief have already been suggested. Conflict between the values of the white and Comanche society, increased intrasocial tensions in Comanche society, and lack of a satisfactory means to displace aggressive socially disruptive forces away from the society must be counted as three major forces
[186] toward disequilibrium in Comanche society. To this list can be added racial discrimination and prejudice on the part of white society and to a certain extent on the part of Comanches. Associated with these aspects are the increasing pressures toward assimilation of the Comanche society being exercised by white society. However, while the Comanches are being persuaded that the rewards of the white life style are more desirable than those of Comanche culture, they are in most cases denied the avenues to achieve these rewards. Through all of this, the gap between core traditional Comanche values and the extinct culture upon which these values are based continue to expand, leaving many Comanches in a limbo of apathy, ambivalence, and neurotic marginality.

775 The contemporary Comanche's belief in ghosts serves to relieve disruptive
154 intrasocial tensions by presenting the members of this society with a means of directing frustrations, hostility, and other emotions of a potentially dysfunctional
571 nature, both to the individual and the group, toward a target outside the culture's boundaries. It is also significant that ghosts are outside the boundaries of white

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society. Therefore the dangers of aggressing toward a source which could effectively retaliate is lessened. Although witch fear serves this same function in some cultures, the particular nature of Comanche witchcraft beliefs precludes its similar use in Comanche society. In Comanche society witchcraft is usually worked by *puhakuts*. Therefore, the individual who may have witched your uncle last month may be the only one who could cure you if you contracted ghost sickness tomorrow.

Debt to the Kiowa and Kiowa-Apache

It appears very likely that the Comanches borrowed heavily from their Kiowa and Kiowa-Apache neighbor's ghost beliefs to revitalize and supplement their own ghost complex. Possibly, the Comanche ghost complex lost much in complexity and elaboration during the many decades of its relative insignificance among the nomadic Comanches. The contemporary Comanche, Kiowa, and Kiowa-Apache notions of ghosts, their nature, and their effects on the living are very similar in general design. However, Kiowa and Kiowa-Apache ghost beliefs, relative to the Comanche's, seem to be much more systematic, consistent, and elaborated. This view is substantiated by a perusal of some of the relevant field notes of others who have done research among these peoples (Bittle 1967; Freeman 1968). Sanapia's use of a crow feather amulet against ghosts can be presented as a specific example. Sanapia and several other Comanche informants, though feeling that crow feathers act to repel ghosts, could offer no explanation for this peculiar property of the crow feathers. Kiowa and Kiowa-Apache informants, however, were quick to point out that the crow is the natural enemy of the owl, a standard guise of the ghosts. Therefore, crow feathers are magically used to enlist the aid of the crow against the owl. Comanches do not generally hold this notion of the association of the owl with ghosts, though they value crow feathers as protective amulets against ghosts. It appears that the Comanches borrowed the crow feather amulet without borrowing the rationale for its use.

Habits of Ghosts

Comanche ghost notions are uncomplicated. The following themes appear consistently in the accounts of actual ghost contact, though not so consistently in the idealized ghost lore. The Comanches have defined the ghost's operating hours to that time between sunset and sunrise and its area of operation in the majority of cases to any place that is relatively isolated. Though the ghost can appear during the daylight hours as a whirlwind, I collected no accounts of ghost sickness being contracted during that time. Cedar smoke or cedar leaves serve the Comanches as a totally effective ghost repellent. Thus, it seems that it would be a simple matter to avoid the ghosts: Keep a supply of cedar leaves in your house, and do not wander abroad at night in an isolated area unaccompanied. Yet

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775 Comanches still incur ghost sickness and under conditions which they could have
154 voluntarily avoided, conditions in which their culture assures them the ghost will be found. This strongly suggests the possibility that a Comanche may at some period in his life develop the need or desire to contract ghost sickness.

Preliminaries to the Treatment of Ghost Sickness

775 When an individual has contracted ghost sickness and has decided to seek
756 Sanapia's aid in alleviating his distress, he first commissions an intermediary to arrange the initial interview between Sanapia and himself. This step can also be taken by the spouse of a patient. Since Sanapia is an older woman, the liaison should also be an older woman. The preferred intermediary would be a woman who had grown up with Sanapia, for they would be acquainted, would be of the
[465] same age and sex, and generally would have the same background. The potential patient pays the older woman to "speak for him." The payment is usually made in money.

The older woman approaches Sanapia with the afflicted person's request for treatment. This meeting is very informal and does not appear to be bound with any ritual behavior. The liaison discovers if Sanapia is accessible, when she would consent to meet with the patient, what kind of payment she would require, and if there are any specific kinds of behavior which Sanapia would require of the patient. It does not follow that a woman who has known Sanapia for a number of years would be able to know the answers to these questions simply from previous experience with Sanapia. Sanapia's accessibility depends on her schedule or proposed activities, as does the time when she would meet with the patient.
[465] Although the payment of a doctor is standardized to a degree, Sanapia will perhaps broadly suggest to the liaison that there is something which she needs and which would be readily acceptable as payment. Her opinion of the required deportment of the patient may change as her moods change, or perhaps as a result of a "real dream."

The importance of the liaison is stressed by informants who have been Sanapia's patients. Sanapia does not consider the liaison necessary, though she admits that she likes to know something about the person before he approaches her as a patient. The impression received from interviews with most informants who have been Sanapia's patients was that they really did not know exactly what was demanded of them when they desired to contract the services of a Medicine woman. The liaison also functions as the advisor on the deportment demanded of the patient by a Medicine woman.

775 When the first interview has been arranged and the patient is preparing
756 to visit Sanapia, he makes a point to dress humbly. No jewelry is worn. His clothing
391 should, by its poorness, add to the pitiable and humble image he wishes to present
376 to Sanapia. He also must follow this theme in his conversation with Sanapia. The
775 patient must act the part of the pitiable supplicant who is throwing himself on
756 Sanapia's mercy and good graces. This is the standard posture utilized in prayers,
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775 164 accompaniment of constant, periodically recurring emotional states rather than an expression of an emotional state (Alexander 1948:7).

Heuristically, the concept of vegetative neurosis is disappointing for our purposes. It leads us nowhere, for it contains no aids to determine the meaning of expression, the expressive "why" of ghost sickness, for example. A conversion reaction (synonym: conversion hysteria), however, is a symbolic expression of a specific emotional state. It is essentially an unusual form of communication. A mode of symbolic communication, to function, must possess meaning for the group, that is, the relationship of the symbol to the referent must be accepted by group consensus. Thus, if it can be established that ghost sickness is a conversion reaction in Comanche society, the suggestion can be made that it acts as a form of communication. If we can identify the referents to the symbology being employed in this communication, we can perhaps decipher the message and determine the psychogenic roots of ghost sickness.

A person with conversion hysteria substitutes a symptom for a psychological conflict. "For example, a girl of eighteen goes blind in an examination, thinking, 'I don't see how I can pass this,' and four years later goes blind again when her bridegroom is ordered overseas." (Cobb 1950:1514). Physiologically, conversion is no different from any normal method of expressing emotion, such as weeping, laughing, and blushing. Hysterical conversion, however, is motivated by unconscious impulses. Motor paralysis is the most common symptom in such instances. It is also noteworthy that conversion symptoms often imitate organic illness, that is, they represent the patient's notion of disease process.

Thus, it can be seen that the physiological nature of ghost sickness, paralysis of voluntary muscles, can be considered as at least similar to the general complexion of the major manifestations of conversion reactions. However, the nature of the precipitating factors involved remains a problem. What is the content of the "psychological conflict, unconscious alien impulse, or unbearable idea" (West 1962:94) which could cause a conversion reaction in a Comanche individual resulting in ghost sickness.

The Victim of the Ghost

186 775 177 154 156 In my study of the Comanche ghost-sickness victim, I noticed that a definite attempt at emulative adaptation to white society which failed, the unendurable psychological state of cultural marginality, and an extremely intense desire for reintegration with the more traditionally oriented group were the three most prevalent themes preceding the onslaught of ghost sickness. The victim usually sprang from the traditional group; therefore he desired reintegration with that particular group. Also, though the victim may have initially naively desired to interact in only one institution of white society, usually the economic system, his traditional group automatically defines him totally out of their category. Absolute outcasting from the traditional group is not what really happens in every case; however, it seems to be what the ghost-sickness victim thinks happened. The ghost-sickness victim will feel extremely anxious under the conditions outlined. He

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does not consciously accept that he has done anything to deserve the negative treatment which he feels he is receiving from both white and Indian society. Anger toward white society and guilt feelings, perhaps based on his rejection of the Indian way, might arise in him. He has been judged inadequate by both the white and the Indian worlds. He belongs nowhere. An individual in this situation must act.

The next problem he must face is the method by which reintegration with the native group can be accomplished. For this type of individual it is not easy, for he desires to become totally like the group which he once rejected. He must dramatically convince himself as well as his traditional group that he is an Indian, that he belongs. Simply returning to the family locale and indulging in self-conscious identification with ceremonial forms, for example, is not enough. He must have no doubts about his adequacy as an Indian. He can no longer tolerate ambivalency, and he must be as acceptable to himself as he is to his parent group.

Indian-ness and Ghost Sickness

In contemporary Comanche society there is only one trait which is unequivocally and exclusively Indian—the ability to contract ghost sickness. "Blood" means nothing because of the great degree of intermarriage with other tribes and the Comanche's long-standing custom of incorporating white and Mexican captives into the family structure. Non-Indians can take part in Peyotism, dance in ceremonial dancing societies, and speak the Comanche language. A non-Indian, however, cannot incur ghost sickness. Therefore, to Comanches, someone who contracts ghost sickness must be a "real Indian."

The Efficiency of Ghost Sickness

Ghost sickness possesses several other characteristics which make it a very efficient disorder for the potential victim. It is socially visible; the ghost-sickness victim can wear the badge of his true Indian-ness on his face. It can only be cured by a native doctor. In this way the victim, by becoming the patient of the native doctor, states his faith in an extremely ancient Comanche institution. Because this doctor will no doubt cure him, the victim's faith is substantiated. Further, the Comanche community comes to the aid, succor, and support of the victim of the ghost—the common enemy. Associated with this fact is the function of the physical ugliness which the ghost victim possesses. By being so "pitiable," he can direct the course of his reintegration to a great degree through the Comanche institutionalized patterns of generosity and kindness to individuals who are in a pitiable condition. In this physical condition he can make personal demands which he could not make and expect to be carried out if he were not so afflicted. Also, since ghost-sickness symptoms are admirably suited to the requirements of conversion reactions, the affliction is manifestly ideal for the particular nature of the intolerable emotional state possessed by the potential ghost victim.

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Precipitating Factors

186 775 154 156 The precipitating factors to ghost sickness need not be as externally dramatic as those thus far presented. The drama and the trauma of these factors dwell within the psychological makeup of the particular individual involved. The contraction of ghost sickness can function as a psychic reminder to a Comanche that he is a Comanche. It can serve to reaffirm his ethnic identity. It may be a self-inflicted punishment by a native-oriented Comanche who begins to doubt his traditional culture. Ghost sickness has also served to dramatically solve generational tensions. A young person contracts ghost sickness to signal acquiescence to the parent generation's demands. However, all these factors are ultimately related to the disruptive influences of acculturation with the dominant white society.

186 775 154 156 184 177 The recently developed Comanche ghost complex appears to be a means by which certain Comanche individuals can circumvent the psychological impasses which have appeared as a result of the twentieth-century Comanche life situation. It is particularly beneficial for the traditional group for several reasons. If a Comanche individual chooses this means of relief, he is committed to return to the traditionalist fold. The ghost complex might be viewed as a selective net which the traditional group has thrown around itself. Those Comanches who are drawn into the conditions which lead to the emotional states in which they would unconsciously choose ghost sickness as an "out" are usually relatively sensitive and intelligent individuals and therefore valuable as group members. They would have to fully and traumatically feel their intolerable cultural and psychological position prior to ghost sickness. Those Comanches who approach these same conditions and who fail to react to them, or acculturate, or turn to such relief as alcoholism, would not be very valuable social components to the traditional group in any case. This "net" operates to more effectively retain the big fish, while it lets the little fish run.

186 775 154 156 184 177 562 The fact that men are afflicted by ghost sickness more often than women could be explained by several factors, particularly, the greater degree of independence ideally expected of men, coupled with the real economic dependence of men; in many cases, dependence on women. Women are more effectively controlled by the primary group, while Comanche men are expected to "act like men" in the face of economic difficulties and a white society which does not recognize them as men.

Change in Behavior

186 775 154 156 184 177 The behavior change exhibited by ghost-sickness victims from prior to the onset of ghost sickness until the termination of the cure corresponds with one of the desires which stimulated the victim to ghost sickness in the first place—total identification with the traditional group. They become model traditional-oriented group members, while, prior to ghost sickness, they behaved in a manner considered erratic, bizarre, or "crazy" by these Comanches.

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witch sickness through her ability to ease the anxiety of the parents and therefore decrease the anxiety which is communicated to the child. However, Sanapia cannot alleviate certain factors, perhaps of an environmental nature, which have caused tetany. It is also significant that with witch victims, because of their age, Sanapia is unable to communicate. In discussing the actual treatment of ghost sickness, it was seen that psychotherapeutic traits in her behavior toward her patient are ubiquitous.

Sanapia, Ghosts, and Ghost Sickness

A great amount of time has been spent in discussing ghosts, ghost sickness, and the suggested causes of ghost sickness because of this complex's close association to Sanapia's role in Comanche society. As an eagle doctor, Sanapia's special thaumaturgic power is believed to be her ability to counteract or defeat the ghost's malevolent influences on living men. Because of the nature of the symptoms associated with ghost sickness and because of their probable psychogenic etiology, she is almost always successful in treating the victim of the ghost. If the affliction which her patient possesses is an organically based transient unilateral facial paralysis, it will disappear of its own accord when it runs its course; and if the disorder is hysterically induced, the patient actually cures himself, while Sanapia more or less functions as a symbol to the patient that the time for his cure is at hand. Of course, the psychotherapeutic value of her method of curing cannot be minimized, and perhaps it could be said that the emotional state which she induces in her hysterical patient functions as a trigger for his self-healing.

Sanapia's most important overt function in contemporary Comanche society is as a symbol of the Comanche's ability to withstand the attacks of the ghosts. She also serves as the necessary key to the psychological reintegration of marginal Comanches who have "employed" the ghost-sickness conversion reaction. As long as Sanapia, or other eagle doctors, stand as a source of cure, Comanche individuals can contract ghost sickness as a means of relieving certain intolerable emotional states. This could also serve to explain the longevity of the institution of the Comanche eagle doctor, while the other kinds of Comanche native doctors have long since ceased to exist. The human disorder associated with the eagle doctor's particular brand of specialization, ghost sickness, has only increased with the acculturation of the Comanche people, while the specialties of the other varieties of Comanche doctors have been usurped during this same process. It is ironic that acculturation, while actively corroding the overall complexion of traditional Comanche culture, has also served to revive and augment the important function of a symbol of traditional Comanche culture, the Medicine woman.